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University of Colorado Boulder

Survey Responses Assessing Telehealth Perceptions in Graduate Students, Faculty, Clients, and Family

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LEARNING OBJECTIVES

1. Compare survey responses investigating opinions about telepractice for each group from immediately following the switch to remote learning and clinic to the end of the spring 2020 semester.
2. Discuss how survey responses were similar and different among the groups of respondents.
3. Discuss possible factors that may have contributed to how each group rated their impression of services provided via telepractice.

INTRODUCTION

The American Speech-Language-Hearing Association (ASHA) defines telepractice as "the application of telecommunications technology to the delivery of speech language pathology and audiology professional services at a distance by linking clinician to client or clinician to clinician for assessment, intervention, and/or consultation" (ASHA, n.d.). Historically, concerns from speech-language pathologists (SLPs) about telepractice included technology failure, rapport building, training, reimbursement, and the ability to deliver quality service (May & Erickson, 2014; Tucker, 2012a; Tucker 2012b). Client reported barriers to telepractice included a "lack of confidence in its effectiveness" (Kraljević et al., 2020, p.98) and the increased need for caregiver assistance (Kraljević et al., 2020).

Some of the above concerns have been addressed as technology and access to technology have improved. According to the Pew Research Center, 90% of adult Americans use the internet which is a significant increase compared to the early 2000's when only about 50% were online. Additionally, broadband access has increased to 73% in 2019, up from only 1% in 2000 (Pew Research Center, 2020). The Federal Communications Commission (FCC) recommends download speeds of at least 6 Mbps for HD Video Teleconferencing, with their most recent report noting that the average internet service provider speed was 146.1 Mbps which is significantly above these minimal recommendations (FCC, 2020; FCC, 2021). Increased use and access, in conjunction with significantly improved internet speeds, help to address an individual's ability to participate in a telepractice session as well as increase the quality of the session itself.

Lack of reimbursement of telepractice sessions has also been a significant barrier to individuals being able to access therapy sessions via this modality given that Medicare traditionally did not cover these services. However, the COVID-19 pandemic resulted in Medicare temporarily allowing coverage of telepractice retroactive to March 1, 2020 through the duration of the pandemic (ASHA, 2021). This temporary update addressed this concern, at least for the duration of the COVID-19 pandemic.

Other areas of concern, such as lack of information or training, concerns about rapport building, and telepractice sessions not being equivalent to in-person therapy, will likely be addressed as telepractice increases in popularity and availability since predictors of telepractice success have been related to clinician buy-in and those with prior experience had better outlooks for telepractice overall (May & Erickson, 2014). The ASHA May 2020 survey on telepractice noted an increase in SLP telepractice use from 4.5% pre-COVID-19 pandemic to 62.2% after the pandemic commencement; this increase in experience bodes well for improved outlooks for this virtual service delivery model.

Additional research is needed as barriers to telepractice continue to be revealed. This study aimed to look at reported perceptions of telepractice among clients and family members, graduate student clinicians, and clinical faculty across the spring 2020 semester as they became more familiar with this virtual platform.

METHODS

Survey Creation & Distribution

Two surveys were created by the Director of Clinical Operations, Shelley Sheppeck, to address and resolve any stakeholder concerns related to the abrupt shift from in-person clinic to telepractice sessions due to the pandemic. Survey respondents received an email with a link to a Google Form. The survey was sent on the Friday of each week and remained open for two weeks. Respondents also received weekly reminders to complete the survey, apart from the last week when they received two reminders.

Survey Respondents:

Each week, the survey was sent to 39 clients, 33 graduate students, and 8 clinical faculty. The survey was only sent to individuals who were participating in ongoing telepractice treatment sessions. Those who were involved with diagnostic-only sessions were excluded. The survey was completed by family members if the client was unable to complete the survey themselves.

Survey Questions:

All survey respondents were required to provide their email address and name for follow-up and to provide assistance as needed. Graduate students and clinical faculty were also asked to provide the initials of their client(s). All survey questions were required responses, with the exception of a free textbox for comments. Survey respondents were not consistent each week.

Clients	Student Clinicians	Clinical Faculty
N=39	N=33	N=8

METHODS (CON'T)

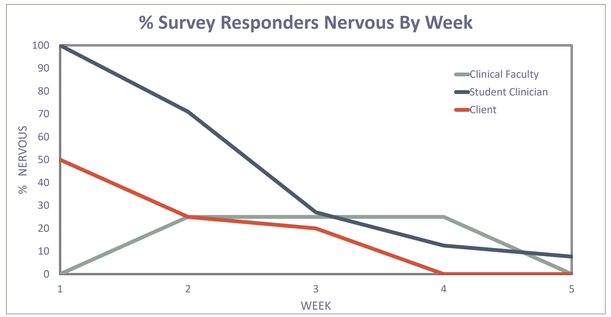
Response scale (unless otherwise stated): Strongly Agree; Agree; Don't Know; Disagree; Strongly Disagree. Questions not in survey order. Bolded items indicate comparative questions between groups.

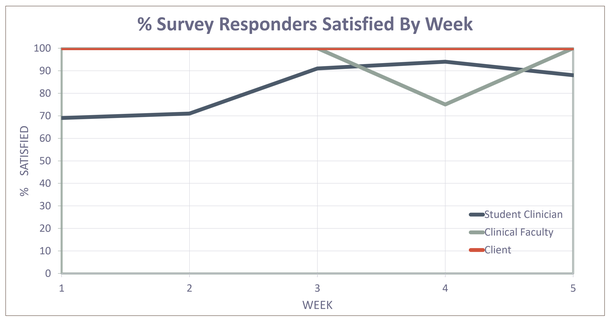
Clinical Faculty/Students	Clients/Family Members
During the session, I was nervous about using the telemedicine platform successfully?	**During the telepractice session, I was nervous about using the telepractice platform?**
Overall, I was satisfied with today's telepractice session?	**Overall, I was satisfied using telepractice?**
The telepractice platform Zoom worked well today?	The clinician was able to address my complaint (if I had one) effectively using telepractice technology?
The client was satisfied with their telepractice session?	Is this the first time you have been seen as a client using telepractice technology? Response options: Y/N
My abilities as a clinician allowed me to provide treatment via telepractice at the same level I would have provided treatment face-to-face?	Please indicate the number of times you have used telepractice technology for a session?" Response options: Never, 1-5 times, More than 5 times.
Telepractice improved this client's ability to access [clinic] services?	If you felt the telepractice session was not successful, please let us know why? Response options: Optional question, free text
Please provide any problems, comments, or suggestions on how we can improve the telepractice service delivery. Response options: Optional question, free text	

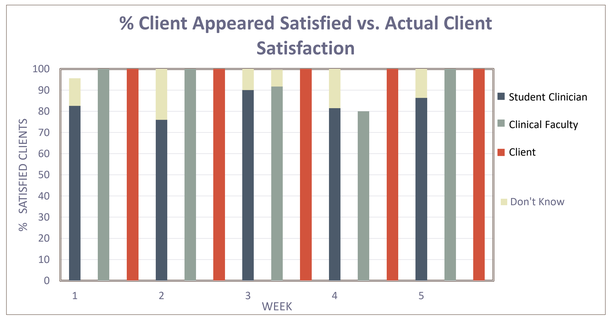
Results/Data Analysis

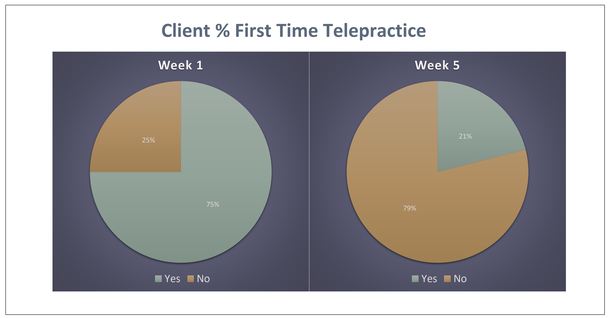
Prior to analysis by researchers, data were deidentified by clinic personnel by removing names, email addresses, and any comments in the free-text box that could link a survey response to a particular individual. Each survey respondent was assigned a number.

RESULTS









DISCUSSION

Response Rates

Average response rates across all weeks were as follows: students = 56%, clients = 36%, and clinical faculty = 55%. These rates are all higher than the expected return rate of 33% for email surveys (Shih & Fan, 2009).

Nervousness

All students reported feeling nervous at the onset of telepractice which steadily declined across time to less than 10% by the end of the semester. Approximately half of clients reported nervousness at week one, but none reported this by week four. Clinical faculty overall maintained low reported levels of nervousness across time. Among all the groups, students reported the highest rates of nervousness, followed by clients, but all groups converged to low rates by the end of the study. This change was likely due to increased familiarity and comfort with telepractice.

Satisfaction

Aside from week 4, all clients and clinical faculty reported being satisfied with telepractice sessions across the entire study. The rate of student satisfaction was lower than the other groups, but increased from 69% to 88%. Reported satisfaction from this study may be higher than previous older studies because clients could not receive services at the clinic unless it was delivered via telepractice.

Students and clinical faculty were also asked to rate how satisfied they thought the client was with the telepractice session. Overall, clinical faculty reported high levels of perceived client satisfaction, which generally matched the client's reports. Conversely, students reported lower perceived client satisfaction. Some of this difference may be accounted for by student use of the "don't know" rating and may indicate lower confidence in judging a client's satisfaction. A review of student responses in the free text comment box did not appear to explain this difference. However, overall clinician experience could be one explanation for these differing perceptions.

Telepractice vs. Face-to-face

A majority of clinical faculty (84%) and students (72%) strongly agreed or agreed that providing treatment via telepractice was at the same level as face-to-face treatment. This is an important finding since a predictor of telepractice success is clinician buy-in.

Improved Access

Most students and clinical faculty (67% & 84% respectively) said telepractice improved access for the client which likely reflects the pandemic and lack of in-person availability for speech therapy services.

Client Exposure to Telepractice

For week one, three quarters of clients reported participating in their first telepractice session. By week five, only 21% of clients reported it was their first time being seen using telepractice, suggesting increased exposure to telepractice over time. These results are consistent with the May 2020 ASHA survey indicating increased use of telepractice by speech-language pathologists after the start of the COVID-19 pandemic.

Qualitative Data

Clients were asked, "If you felt the telepractice session was not successful, please let us know why?" Of the responses, 64% were positive or neutral statements. The remaining comments expressed concerns that telepractice sessions were not as "engaging" or "compelling" or "successful" as in-person sessions.

Students reported barriers to telepractice sessions that included malfunctions and user error of the telepractice platform, internet connectivity, difficulty managing materials, and difficulty engaging clients or managing client behaviors.

Clinical faculty reported similar challenges as students but also provided feedback about procedures (i.e., asking that students send the session link, improved appointment reminders) or equipment changes (i.e., microphones, IT support).

ACKNOWLEDGEMENTS

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03/11/2020: Notified remote learning begins next week

03/16/2020: Transitioned to remote learning, some telepractice sessions began

03/23/2020: Spring break began; no classes or clinic

03/30/2020: Remaining clinic sessions transitioned to telepractice

04/03/2020: Survey 1 sent for week of March 30th

04/10/2020: Survey 2 sent for week of April 6th

04/17/2020: Survey 3 sent for week of April 13th

04/24/2020: Survey 4 sent for week of April 20th

05/01/2020: Survey 5 sent for week of April 27th

04/27/2020: Last week of clinic